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ABSTRACT

Responding to dramatically increased levels of urban violence, inner-city school districts have recognized the need to address the psychological impact of violent events by organizing Crisis Response Teams. In New York's south Bronx neighborhoods, where violence appears endemic, the schools often serve children's basic needs by providing a safe and secure environment, in addition to meeting educational goals. The purpose of this case study presentation is to examine the impact of a violent shooting incident at a Bronx junior high school on children and staff, their post-traumatic reactions to the incident, and the response of the school district's crisis team providing various interventions at the school level. The incident is used to illustrate crisis team planning, assessment, provision of psychological "first aid," and team debriefing following acts of violence; the responsibility of school psychologists to help others cope with the emotional and psychological effects of traumatic episodes is emphasized. It is concluded that in a modest way crisis intervention work allows school psychologists to perform this humane function: serving children and others during a most traumatic and emotionally painful experience in the hope of redirecting their lives for the better. (Author/ABL)

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Crisis at A Bronx Junior High:

Responding to School-Related Violence

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Paper presented at the 100th Annual Meeting of the American Psychological Association, Washington, D.C., August 1992

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Abstract

Responding to dramatically increased levels of urban violence, inner-city school districts have recognized the need to address the psychological impact of violent events by organizing Crisis Response Teams. In New York's south Bronx neighborhoods, where violence appears endemic, the schools often serve children's basic needs by providing a safe and secure environment, in addition to meeting educational goals. The purpose of this case study presentation is to examine the impact of a violent shooting incident at a Bronx junior high school on children and staff, their post-traumatic reactions to the incident, and the response of the school district's crisis team providing various interventions at the school level. The incident is used to illustrate crisis team planning, assessment, provision of psychological "first aid," and team debriefing following acts of violence; the responsibility of school psychologists to help others cope with the emotional and psychological effects of traumatic episodes is emphasized.

Crisis at A Bronx Junior High:
Responding to School-Related Violence

Background of the Problem

In the streets and project buildings of the Mott Haven section of the south Bronx the realities of violence come as no surprise. Schoolchildren--including kindergartners--work their way through crack vial-filled project hallways and school yards. But once at school, parents, children, and school staff believe the sanctity of the school door will keep the violence at bay.

For the most part the school remains a safe haven, but the belief in complete security has been shattered by increasing societal violence dramatically impacting on the lives of inner-city children and adults. A recent cover story in Newsweek ("Deadly Lessons," 1992) brought this issue to national attention by providing a grim list of violent events in New York City schools. As a school psychologist, working for the last nine years in a south Bronx neighborhood of New York, I have witnessed first-hand the effects of violence on schools. As a member of my district's Crisis Response Team (CRT), I have become part of an organized effort to deal with a school's reaction to a violent event assisting school administrators in recognizing the need to provide psychological interventions at times of crisis.

A School-wide Crisis

I have been a member of the district's crisis response team for four years but my initiation to the effects of violence on school functioning occurred a year-and-a-half ago. The week preceding the traditional winter vacation, on December 20, two youngsters were shot just outside a south Bronx junior high school during lunchtime in a gang-related incident. One of the youngsters, a 15 year old well-liked boy, tragically died immediately at the scene as the result of his innocent participation in the gang's provocation and subsequent gunfire. Scores of fellow students witnessed the incident, some actually held the dying boy. The school's principal acted immediately, preparing the school for an emergency situation; he had also heard of the newly-formed district crisis team and so we received our summons to help the school within minutes after the incident occurred.

The district's special education administrator acted as a liaison at the time between school principals and the team: she coordinated decision-making about crisis intervention with the school district superintendent and the principals. She triggered the phone relay that summoned the CRT to the junior high school.

Evolution of a Crisis Response Team

Our team consists of six members: two school psychologists, two social workers, and two guidance counselors. We are special education service providers with crisis intervention being our voluntary part-time "specialty." An ethnically-diverse and

bilingual group, we were chosen as members based on recognition by peers and administrators as individuals who have responsive to crises at the school level: Responding to incidents of child abuse, suicide threats, and childhood aggression. We intuitively created a team that meets many of the criteria suggested by crisis intervention specialists (e.g., Pitcher & Poland, 1992). However, the incident at this Bronx junior high surpassed the events of our prior experiences both in its level of intensity and its widespread effect on the school community. This event was a full-fledged school-wide crisis.

Our district, using a plan under development by the CRT, had come to define a crisis as an unanticipated emergency situation that follows some extraordinary event and results in significant and widespread physical and psychological reactions. The CRT offers a systematic process of providing psychological first aid (discussed below) to students and other school community members in helping them cope with their reactions to the traumatic event. This process includes data collection about the incident, assessment of school needs, and determination of appropriate interventions required to return the school to normalcy.

Assessment and Intervention

The team arrived at Bronx junior high within a half hour of the tragedy; we realized that immediate response time is a critical component of crisis intervention and we were there to assist, in consultation with school staff, in first-stage

planning. The CRT was also able to gauge the initial responses of school members to the shooting.

Already present at the school were police, detectives, board of education security personnel, and a host of strangers. I had, as did other members of the CRT, some difficulty entering the school: As of this date the team was not a formally recognized unit in the school district and was not identifiable as one. Nonetheless, other personal identification allowed each of us entry.

Despite the presence of so many security personnel and other outsiders, the school did not appear to be in a state of chaos, as one might have expected. Instead, children were in classrooms, teachers were interacting with students and I had a sense that school staff were attempting to go through their day's paces as if nothing unusual happened.

Nonetheless, there was a sense of tension and the atmosphere in the principal's office, the site chosen for crisis planning, was charged with urgency. Crisis planning was marked by a business-like tone with clear leadership shown by the principal, other school administrators, and the team members present.

An initial assessment of the school's status had been quickly completed prior to this meeting. School administrators and some of the CRT members walked through the school observing and interacting with children and staff. These observations were discussed at the initial crisis planning meeting.

It was reported at this meeting that the physical safety and security of the school was under control. A number of students, including those who actually witnessed the shooting, and close friends of the boy who died, were either in shock or grieving. At the urging of the CRT members, the school crisis planning group decided to suspend departmental class changes and allow students to remain in their homeroom classes to do as teacher and class saw fit for the remainder of the school day. Specific rooms were allocated for use by the CRT to provide counseling, and an early school dismissal was followed by a teacher staff meeting.

Staff members of the school, as well as CRT members, intuitively adopted various roles from the onset of the crisis: A process I identified as Role Adoption. At the "brain center" of crisis operations were a core group of teachers and supervisors who organized programming and did the troubleshooting, i.e., gauging school population reactions, heading off and anticipating conflicts based on knowledge of school personalities. CRT members, too, selected various tasks to perform which included various crisis intervention activities carried out over the next several days. We would remain in consultation with the "brain center" throughout the day providing feedback to each other about the changes in school functioning.

A primary responsibility of all CRT members is to provide immediate short-term therapy and counseling in a manner that may be considered "psychological first aid." Any member of the

school's population can be a client; during the crisis all members had become secondary victims to the death of one of their own and to the intrusion into the boundaries of their school. There were myriad reactions to this tragic event, many of these fitting the descriptions typically encountered with post-traumatic stress disorder, PTSD, (American Psychiatric Association, 1987): shock, need to avoid and deny the event, anger, fear and blaming, recurrent thoughts and nightmares about the event, and a host of physical complaints, e.g., dizziness, sweating, difficulty eating and falling asleep. For many of the children we counselled, chronic trauma was reexperienced, that is recollections of other violent events from their past.

Our psychological first aid consisted of providing constructive activities that encouraged the expression of feelings. As CRT members we tried to gather all the facts and details of the shooting so as to provide accurate information to students and staff and to dispel myths or rumors about the incident. Below is outlined some of the CRT intervention techniques that proved most useful in helping restore normalcy to the school. These included large-group, classroom discussions, individual and group counseling with students, individual counseling and consultation with teachers, and feedback presentations to staff.

The shooting victim was an eighth grader. Students and teachers at this grade knew him best among the school population and were most affected by his violent death. Large group

discussions proved helpful in allowing an exchange of ideas among students, providing a forum for the outpouring of grief and anger about the incident, and, finally, some focus by the group to do something constructive as an outcome of this student's death.

Many students in the classroom discussions I facilitated expressed bitterness and anger at school policy that allowed for locked school doors adjacent to the street where the shooting occurred. The locked doors symbolized, for many students, the fortress mentality among administrators and staff and their lack of true concern for students' safety. If these doors were not locked, they felt, the victim would still be alive because he could have escaped the gunfire by entering the school. I shared with these students, in order to help dispel rumors, information that determined that the victim died at the scene and the locked doors may have meant no difference in saving his life. But I also acknowledged the strong symbolism suggested in by the locked door policy; this led our discussion to the student's general sense of insecurity, fear, and anger about the violence that surrounds them in their daily lives.

Many students noted the presence of the news media that day, usually when there are violent events in the neighborhood, but felt there was no recognition of the positive accomplishments of the students of this south Bronx area. There are several gifted classes at this junior high and many students graduate and are admitted to the prestigious Bronx High School of Science through competitive examination and their academic performance.

Resentment was voiced about the stereotypical portrayal in the news media of the students as minority, poor African-American and Hispanic youngsters with a limited future: one student forcefully told the group "we are the future!"

Although some students have opportunity to improve their lives through the educational system, others are locked into a cycle of poverty and continued violence. These are the American children most at-risk: as Prothrow-Stith (1991) convincingly demonstrates, we are losing an increasing number of inner-city youth to the deadly violence related to the drug trade and an overwhelming sense of alienation by male teenagers. The banality of violence in the inner-city and the effects of chronic trauma on the youngsters who live there were vividly presented to the CRT members during our individual and group counseling sessions.

The Effects of Chronic Trauma

In one small group session I conducted with a co-counselor (i.e., two counselors shared the therapeutic intervention of listening and providing feedback and emotional support to eight students), the girls and boys--ages fourteen to sixteen--revealed their daily exposure to violence and death. The death of the shooting victim recalled for one of the boys the shooting of his uncle in front of a grocery store--an innocent victim of random drug warfare between two rival groups. Another youngster, a thirteen year old girl, told of her encounter with a bleeding man laying in her hallway as she left for school one morning: she later learned he had died. All the students recounted stories of

hearing gunfire, watching drug deals, stepping over crack vials as they walked to school, and witnessing countless fights. Every child knew someone who died or was injured as a result of random violence.

The death of their school mate revived feelings of anxiety and grief in the students. For several students, this event opened the door to unresolved mourning of a loved one lost through a similar violent episode or "natural" death. In our brief series of counseling sessions with these children, we allowed them to begin this grieving process and arranged for follow-up counseling in order to help them complete the grieving after our departure as providers of psychological first aid.

Another prominent feeling aroused in the students by this event was their anger. These youngsters felt victimized by the incident and their responses included a sense of helplessness, fear, and anger: Anger at school administrators, teachers, and system that they believed cannot protect them or assure their safety while in school.

Anger and Alienation

As a clinician, I have become particularly concerned about the angry feelings aroused in these students. In my daily work as a school psychologist, in this area that represents the poorest neighborhoods in the nation, I have seen adolescents' anger tapped with the mildest provocation. A shove, a verbal challenge, or a skewed glance will engage two youngsters in aggressive confrontation. There is a bravado, *machismo*, that must be

displayed to carry oneself--male and female alike--safely through the streets or school corridors. Prothrow-Stith (1991) has, similarly, made these observation in inner-city Boston.

A tragedy of such a violent death at a schoolhouse door shatters the illusion of invulnerability created by an attitude of machismo. In one of our counseling sessions, I worked with three boys who were very close friends of the victim. They were all known to be tougher than the boy who was shot and admitted to some peripheral involvement in drug dealing something, they said, the victim would never do. Yet in our session these youngsters were filled with guilt: "We should've been the ones that took that bullet..." and they voiced their helplessness: "...there's nothing we can do [about their life situation]." These young, tough guys then bowed their heads and broke down sobbing. Looking withdrawn and depressed, they ended the session hugging each other. Their vulnerability must have appeared most painful once they glimpsed the true nature of circumstances beyond their tough exterior.

Erich Fromm (1973) has written forcefully and cogently about the social psychology behind the shaping of character. His writings come to mind when I work with these youngsters who feel alienated, maligned, and are often forgotten by a society that also must use a form of denial to avoid acknowledging the reality of communities such a those existing in the south Bronx. Fromm noted the relationship between alienation and aggression and would probably explain the violently aggressive behavior seen in

these neighborhoods as a result of social policy that leaves little hope for such alienated individuals. The "escape" to violent behavior is their last resort to gain some (illusory) control and purpose in their lives. This aggressive, often violent, behavior is frequently seen even among the young children at the elementary school level.

Debriefing

As a member of a crisis response team I, too, have been made vulnerable to the frequent violence. The shooting of a youngster has a "ripple effect" on all of us in proximity to the event (Pitcher & Poland, 1992). The chronic trauma revealed by the children in our counseling sessions has a quiet, yet powerful, impact on the counselor. I came away from the first two days of this crisis with fatigue and nightmares.

In order to better cope as a crisis intervention provider, the provision for debriefing is a necessity. I was able to meet with a fellow team member for sharing our feelings and reactions to the crisis. The CRT has had to work hard to convince administrators of the need to address the emotional needs of both the crisis victims and the crisis response team; without the opportunity to retreat and debrief, burnout is inevitable.

Future Directions

Many of the students counseled during this episode revealed intelligence, creativity, and amazing resilience; I admire them and hope they will spawn additional hope for the children of the inner city. The crisis response team has for me, as it has for

most of its members, provided a vehicle for us to offer on-going intervention and opportunity for emotional growth to the students of these tough neighborhoods. Through our workshops, group problem-solving sessions, and peer mediation efforts, the CRT has goals to build a prevention model into our present intervention techniques.

A Talmudic saying states that he who saves but a single life has acted is as if he has saved the entire world. In a modest way, crisis intervention work allows school psychologists to perform this humane deed: serving children and others during a most traumatic and emotionally painful experience in the hope of redirecting their lives for the better.

References

American Psychiatric Association. (1987). Diagnostic and statistical manual of mental disorders (3rd ed.). Washington, DC: Author.

Fromm, E. (1973). The anatomy of human destructiveness. New York: Fawcett Crest.

Pitcher, G.D. & Poland, S. (1992). Crisis intervention in the schools. New York: Guilford.

Prothrow-Stith, D. (1991). Deadly consequences. New York: Harper-Collins.

Staff. (1992, March 9). Deadly lessons. Newsweek, 22-24.